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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9112

SERIAL NUMBER 09/849,907	FILING DATE 05/04/2001 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 12929.0061
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APPLICANTS

Van Nguyen, South Houston, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

REQUIRED, FOREIGN FILING LICENSE GRANTED
07/03/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature Initials			

ADDRESS
Stephen H. Cagle
750 Bering Drive
Houston, TX
77057-2198

TITLE
APPARATUS FOR SUPPORTING MEDICAL FLUIDS

FILING FEE RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Signature</i> Examiner's Signature <i>Initials</i>		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
ADDRESS Stephen H. Cagle 750 Bering Drive Houston, TX 77057-2198					
TITLE Apparatus for supporting medical fluids					
FILING FEE RECEIVED 728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		